of the salicylate it appears that the danger of acetonuria is obviated by giving at the same time bicarbonate of sodium in an equal or a larger amount. As it is necessary to test for the acetone, and such means are not always at hand to the busy country practitioner, it might be inquired whether the rough-and-ready test for alkalinity would not be to a certain extent a safeguard from acetone poisoning in cases where very large doses of the salicylate are deemed advisable.

Lymington, Hants.

A CASE OF TABES DORSALIS IN WHICH WIDESPREAD CUTANEOUS SENSORY MANIFESTATIONS COMPLETELY DISAPPEARED.

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THERE is a good deal of difference of opinion regarding the question whether the prognosis of the incoördination in tabes dorsalis is influenced by the presence or absence of optic atrophy. Thus, while many writers maintain that with the development of eye symptoms the ataxia often remains stationary, Dr. D. Ferrier in the recent Lumleian lectures expressed the opinion that all that could justifiably be said was that the ataxic and amaurotic forms of tabes are often more or less distinct though not exclusive of each other. Not so much attention has been given to the point as to whether the sensory disturbances are affected by the presence or absence of eye changes. In his lectures Dr. Ferrier pointed out that there is no constant relation between the degree of ataxia and the extent to which cutaneous sensibility is affected. The following case of tabes dorsalis is remarkable, inasmuch as marked sensory disturbances completely disappeared, apparently coincidently with the development of complete optic atrophy.

A man, 34 years of age, by occupation a warehouseman, who had formerly been a soldier, was admitted to the Westminster Hospital under the care of Dr. R. G. Hebb on August 1st, 1905, complaining of weakness and numbness of the legs. There was nothing of note in the family history. The following personal history was obtained from the patient. At the age of 24 years, while in Burma, he had dysentery and malaria; during the same year he contracted syphilis, which was treated for a period of three weeks; there were very few, if any, secondary manifestations. Between two and three years before admission the patient noticed that his sight was failing and this failure of vision gradually increased. About a year ago he found that his gait was becoming unsteady and that he swayed on closing his eyes during the act of washing his face. Soon after this he began to feel numb in the feet, and later successively in the back of the legs, thighs, lower part of the scrotum and fingers. For some months there had been dribbling away of urine on laughing or coughing, and during the last month there had been an aching pain in the lower part of the cervical region after much movement of the head. He had never suffered from lightning pains or from any crises.

On admission the patient was found to be a well-developed man, with a scar, the result of a bullet wound in 1900, in the lower part of the left calf. There was paræsthesia of the feet and tips of the fingers. There was almost complete loss of sensibility to touch, heat and cold, and pain in both legs up to the level of the knees; above that level there was partial anæsthesia up to, and including, the neck and posterior part of the head. Romberg's sign was very evident, the patient almost falling when the feet were put together, even with the eyes open; the gait was typical and very ataxic; there was slight incoördination of the upper extremities. The knee, triceps, and supinator jerks were all absent; the plantar reflex was abolished. There was some loss of control of the bladder sphincter but not of the rectal sphincter. There was slight diminution of visual acuity; the colour sense was normal; the external ocular movements were normal; the pupils were equal, moderately dilated, and reacted both to light and to accommodation. Nothing abnormal was found on examination of the heart, the lungs, or the urine.

Iodide of potassium was ordered internally and a drachm of blue ointment was rubbed into the abdominal wall each evening. Frenkel's exercises were regularly carried out. On August 21st the anæsthesia was found to have somewhat altered, the patient could slightly feel pain over the inner aspects of the knees, and easily recognised touch and pain over both groins; apart from this there was almost complete loss of sensibility as high as the neck and the right half of the face was also less sensitive than normal.

The patient left the hospital on August 25th, his condition having moderately improved. He remained about the same until Christmas, when a steady loss of the power of vision commenced, so that by the middle of April he was totally unable to read, as he said the letters were obscured by lines which crossed one another "like the meshes of a net." He also said that the unsteadiness of gait had steadily increased; the difficulty in regard to his vesical sphincter had, on the other hand, continuously improved, so that there was no longer any trouble with his micturition.

The patient was readmitted on April 30th, 1906. The sensory functions were now found to be absolutely normal; there were no paræsthesia and no impairment of sensibility to touch, heat and cold, or pain; the rate of conduction was normal and there were no pains in any part of the body. Romberg's sign was present; the ataxia of the lower limbs was so great that the patient could scarcely walk without support; he was able to perform fine movements with the upper limbs perfectly well. The plantar reflex and the knee and triceps jerks were all absent. The vesical and rectal sphincters acted normally. With both eyes open the patient was able to distinguish two fingers at a distance of four inches from the eyes; both pupils were of good size, the right being perhaps a little larger than the left; neither was absolutely circular; both reacted to light and accommodation; complete optic atrophy was present. A lumbar puncture was performed and examination of the cerebrospinal fluid showed an extreme leucocytosis, most being small monomorphs (lymphocytes); of large monomorphs a considerable number also; and the presence of a few polymorphs, no doubt due to admixture with blood. Osazon crystals of the thistle-down type were present; the fluid reduced Fehling's solution. The patient was put on the same treatment as before and was discharged on May 24th slightly improved.

It will be observed that the first symptom noticed by the patient was failure of sight. I regret that his discs were not examined when he came under observation on the first occasion, but it is probable that at that time his power of vision was not severely affected, so that optic atrophy, if present, was in all probability slight. Be that as it may, it is evident that in the space of eight months, coincidently with the development of practically complete optic atrophy, the sensory defects not only became arrested but actually disappeared, whilst along with the return of the sensory and bladder functions to the normal there was no improvement but rather a steady deterioration in the coördinating functions. Although Argyll-Robertson phenomenon was not present during the times the patient was under observation, there can be no doubt regarding the diagnosis as the other symptoms were so characteristic.

I am indebted to Dr. Hebb for being allowed to publish this case.

Wimpole-street, W.

A Mirror OF HOSPITAL PRACTICE BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Procemium.

LEWISHAM INFIRMARY.

A CASE OF TETANUS WITH SUDDEN ONSET OF ACUTE SYMPTOMS.

(Under the care of Dr. J. HOBART NIXON.)

A WELL-NOURISHED male child, aged four years, was taken to the infirmary at 8.10 A.M. on July 3rd last suffering from "convulsions." The child was in the position known